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THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XI BALTIMORE, MD., JANUARY 15, 1916 No. 11

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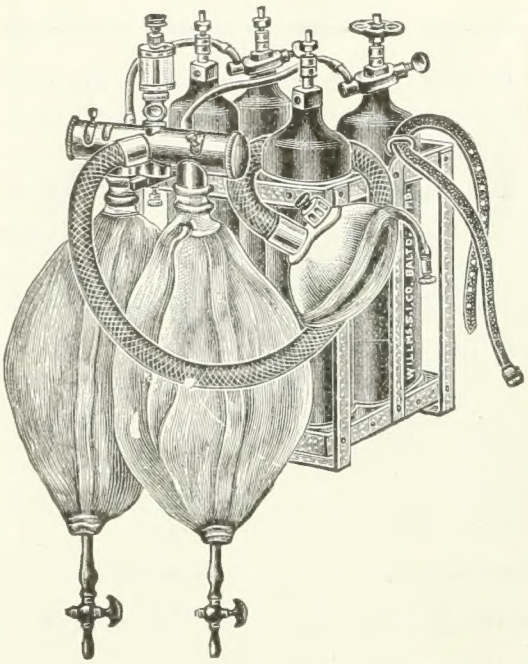

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Vol. XI BALTIMORE, MD., JANUARY 15, 1916 No. 11

CANCER OF THE SKIN.

By T. Caspar Gilchrist, M.D.,
Clinical Professor of Dermatology, Johns Hopkins University; Professor of Dermatology, University of Maryland.

The keynote to the whole question of cancer is early diagnosis. If this disease were accompanied by severe pains in its earliest stages, the large majority of patients would undoubtedly be cured by modern methods or treatment. It has been said that there are three stages of the disease: (1) when the patient does not know what is going on, (2) when the family doctor is not sure of his diagnosis and in many cases does not suspect cancer, and (3) waiting to decide what to do after the diagnosis is made by the surgeon or specialist. To correct the first the public ought to be trained to seek the doctor early. To correct the second the doctors during their student course should be better trained in dermatology.

The definite diagnosis in so far as skin cancers are concerned ought to be made by the dermatologist, and not by the surgeon, because the former is familiar with other similar affections and the surgeon is not. The majority of practitioners who have come for post-graduate courses in dermatology have generally made the remark that they know less about skin diseases than about any other branch of medicine. The teaching cannot be entirely at fault, because it consists mostly of demonstrations of cases; but a good deal of the weakness of the doctor's knowledge is due to the fact that, instead of attempting to first diagnose the case himself, as he ought to be trained to do, the cases are described and diagnosed by the lecturer, after which the students do not examine the patients thoroughly enough to remember them. Again, enough emphasis is not laid on the frequent demonstrations of the common eruptions, including all the varieties of the early stages of cancer of the skin.

In my experience, I find that the practitioner more frequently thinks first of lupus vulgaris (tuberculosis) as a possible diagnosis of a chronic ulcer, especially of the face, whereas that disease is very uncommon as compared with the frequency of cancer or syphilis.

In commenting upon cancer of the skin, one really cannot do better than present the chief diagnostic points of the various forms of skin cancer and the other common ulcers for which it is mistaken.

I. *Cancer.* Definition. Cancer is a special new epithelial cell growth which overcomes normal resistance, has a destructive tendency and may form metastases.

Epithelioma. Term usually applied to skin cancers, of which there are two main types: (a) squamous cell, (b) basal cell or rodent. Epithelioma is frequent in middle or old age; usually single lesion; begins in scaly spot, excoriation, fissure, nodule, wart or mole; frequently result of chronic irritation.

(a) *Squamous cell type*—more malignant variety. Often begins as a pinkish or white skin nodule, growing upward and downward; has an elevated, indurated border; has slight viscid discharge streaked with blood (because bleeds

easily); surface nearly always crusted and underneath crust, like coarse granulation tissue; new growth more than ulceration when near surface; slow growth and finally often leads to enlargement of nearest glands; situated usually about eyelids, nose or lips; in early stages no pain, later painful.

On Lip. Any persistent localized thickening or abrasion or fissure of several months' duration is very suspicious of epithelioma. Later lesion consists of raised, irregular, indurated growth with coarsely granular and crusted surface; bleeds easily; nearest glands frequently enlarged; microscopically shows pearl nests, which are absent in rodent ulcer.

(b) *Rodent Ulcer* (basal cell). Usually situated about temple, eyelids and nose; superficial; shows very little new growth; apparently healing, then breaking down again; spreads very slowly, with little or no elevated edge; in some stages narrow, pearly-white, roll-like border; ulceration may last years; no glandular enlargement; when invades eye socket, can destroy whole eye; practically painless.

Non-ulcerative Form of Rodent. Has a firm, slightly raised, rolled edge with scarlike atrophic center; very chronic and very slow-growing; section from margin reveals nature of growth.

Treatment. Radium, X-rays, excision when feasible.

II. *Syphilitic Ulcers.* (a) Primary. When extragenital is most frequent on lip; more often in early adult life; rapid growth; short duration (little tendency to active ulceration); markedly infiltrated; nearest glands soon become very much enlarged; later other symptoms of generalized lues become visible; presence of spirochaeta pallida clinches diagnosis.

(b) *Late Secondary or Tertiary.* In middle or late life; frequently on face; two types—(1) nodular: one or more pea-sized and larger superficial ulcers in groups; spreads with serpiginous outline; punched out; raw-ham color; soft scarring; indurated. (2) Gummatous; deep; single; markedly punched out; indurated; necrotic base; discharges freely; bad odor; bone may be involved; painful at night; often superficially punched-out soft scars elsewhere; history of lues.

III. *Lupus Vulgaris.* Commonest form of tuberculosis of skin; rare in United States; begins in early life, rarely after 20 years; peculiar yellowish, large pinhead sized, red, infiltrated macules, points or nodules of soft consistence (probe easily pushed in); most frequent situation on face; very slow course; very chronic; ulcers shallow; scanty discharge; no serpiginous outline; bone rarely involved; scar often dense, thick and tough; often tuberculous history; pressing on margin with glass slide will show presence of pinhead-sized brownish areas; microscopic sections show tubercules in skin.

IV. *Blastomycosis.* Begins as pustule or papulo-pustule; later becomes papillomatous with miliary abscesses around the margin; may spread rapidly; raised, rather soft growth with pus exuding on pressure from between papillae; autoinoculable; often see more than one lesion present; often healing with soft scars. Microscopic examination of pus soaked in liquor potassae will reveal presence of budding doubly-contoured bodies about the size, and larger, of a red blood cell.

V. *Varicose Ulcers.* Usually on lower third of leg; superficial; irregular in shape according to age; callous edge; surrounded by eczematous, deeply-reddened skin; less pains at night; marked varicose veins.

VI. *Staphylococci Ulcers. Infected.* Those not due to above causes; follow bad or neglected treatment or secondary infection of eczema, excoriations, slight wounds, vaccination, pustules, infected granulation, etc.; usually superficial; irregular; painful.

Epithelioma of the Tongue. Usually hypertrophic; no ulceration in early stage; follows leukoplakia, syphilis or dental ulcer; as mamillated tumor; irregular; larger at base than apex; surface more villous than normal; later ulcer on deeply ill-defined nodule; everted border; bloody discharge; most frequent on anterior half and edges of tongue; aged 40 to 60 years; glands enlarged; painful salivation.

Treatment. Excision, radium, X-rays.

If the practitioner is in doubt about the ulcer being syphilitic or malignant, the Wassermann test or internal antisyphilitic treatment will frequently help to clear up the diagnosis. While in doubt about the diagnosis, leave the ulcer alone, or prescribe boric ointment or other mild antiseptic applications. *Do not on any account use silver nitrate or other caustics,* because these usually stimulate the disease, and I have seen many cases become very malignant and grow rapidly after such unskillful applications.

disease only appears to be more frequent.

Treatment. This varies according to the stage and position of the cancer. During the last six years I have obtained very successful results with the application of radium, especially when the cancer has attacked the lower eyelid, inner or outer canthus of the eye, various parts of the nose [illegible] hardly noticeable, the application painless, and with proper screening of the radium no unnecessary reaction is produced. All forms of rodent ulcer can undoubtedly be successfully treated with radium. I have had 16 years' experience with the use of X-rays in the treatment of skin cancers, and have seen very many cures, the most appropriate cases again being those of the rodent ulcer type.

The use of the Coolidge tube has simplified the treatment of malignant growths by increased doses of screened X-rays, which need only be given a few times.

Complete excision of small growths in appropriate places is also good treatment, but surgical procedure is not the proper treatment in beginning epitheliomata of the eyelids and various parts of the nose.

It is now a moot question whether excision, X-rays or radium is the best treatment for early cancers of the lip. Speaking generally, treatment by X-rays in skilled hands has given as good results as surgical procedure, which has the disadvantage of causing much disfigurement. Radium, which is now being given in more intense doses and screened, is now producing excellent results. I have treated numbers of very persistent lesions of lips and tongue, which one could not definitely decide whether they were cancerous or not, but may have been precancerous lesions, with radium with marked success.

The main facts to remember about skin cancer are the following:

Cancer of the skin in its very early stage can usually be cured by appropriate modern treatment.

Fifty per cent. of all forms of cancer of various parts of the body usually come to the surgeon or specialist too late. The early stage of cancer is unaccompanied by pain, hence the reason why patient does not seek the doctor or specialist early. The best advice should always be sought.

All ulcers or growths or tumors of the skin are not necessarily cancerous, and the treatment varies according to the diagnosis.

When there is on the lip, especially the lower one, any persistent local thickening or superficial sore or fissure or crack of several months' duration, then it is suspicious of the early stage of cancer. It is very dangerous to irritate such a place by sucking or picking or putting any kind of caustic or paste on, because usually such treatment causes the disease to grow much faster and form "roots," as the public call them.

See the doctor or specialist and find out what is the best mode of treatment for your case.

Another kind of skin cancer begins as a small mole-like pimple which gradually increases in size; is firm and is more dangerous when it is colored (brownish or blackish); later it bleeds easily, especially when scratched or pinched. It appears to heal, but after a while breaks down again and grows gradually. Soon it begins to have "roots," as lay people call them, which means that the nearest glands become diseased. This can be cured when recognized in its early stage before it has "roots." Another kind of skin cancer begins even more innocently, as in its very early stage it is like a persistent scaly spot, or as if the surface skin had been rubbed off (excoriation), or as a chronic crack, or like a wart or mole. The patient thinks nothing of this, because it looks so innocent, does not hurt at all and now and again it seems to heal and then break out. Such a cancer when near the eye can eat the whole eye out. In fact, if left alone, can destroy both the nose and eyes or attack the ears.

Ordinary moles, whether white or colored, and especially the latter, are becoming decidedly dangerous when they begin to increase in size or get irritated. Generally speaking, when moles are situated in areas which are subject to friction, then they ought to be removed.

So the advice to the public is to seek the doctor or specialist in the early stage of the disease, because the expense of treatment is then very much less and there is a much greater chance of being cured.

MENTAL DEFECTIVES AT NAVAL DISCIPLINARY BARRACKS, PORT ROYAL, S. C.*

By H. E. Jenkins, Class of 1905,
Passed Assistant Surgeon, United States Navy.

During the past several years a great deal of medical attention has been given to feeble-mindedness, and there still remain many unsolved problems. It is a subject of paramount importance and one worthy of great consideration. When we think of the increase of the above class in this country, which is growing greater every year, the time cannot be far distant when it will be necessary to put into force an effective remedy which will not only check this increase, but in time abolish the condition entirely. At the present time there are many more persons under treatment in the asylums and hospitals of this country for mental conditions than there are students in the colleges, universities and professional schools. Dr. William Noyes of Massachusetts reports that there are 7839 feeble-minded in that State, of whom 2587 are in institutions; and Dr. E. E. Southard, director of the Psychopathic Hospital, Boston, says "the problem of the feeble-minded is the largest single practical problem before Massachusetts at the present day." The report of the committee of visitors of the State Charities of New York states that there are 32,000 feeble-minded persons in that State. Of these, 4900 are provided for in institutions especially designed for their care, and 4500 in other institutions, leaving at large 22,600. The Royal Commission of Great Britain of 1904 reports 12,120 cases of amentia in that country, and a later investigation shows a great increase over the above figures. What is true regarding the number of feeble-minded in Massachusetts and New York is also true in the other States in proportion to the population. The subject is one worthy of serious reflection on account of the large increase of feeble-minded persons in this country.

A number of measures have been advocated for the elimination of feeble-mindedness in this country, among which may be enumerated the restriction of marriage, sterilization and segregation. The problem which this class of cases presents would not be a difficult one if the condition was not transmitted through heredity. However, the Mendelian theory has not been generally accepted. Rosanoff and Orr, after investigating a large number of mental cases in the light of the Mendalian theory, say: "Actual cases, which were not specially selected, were found to follow the various rules of theoretical expectation with quite as much exactness as could be expected, considering the numerous sources of error." It is generally conceded that a union of a mental defective with the same or a healthy strain frequently gives rise to the same defect in the offspring. It is rather remarkable and surprising with what rapidity the mentally deficient multiply in proportion to normal individuals. An example of this class in seen in the Kallikak family as reported by Goddard, consequently it has been suggested that the problem may be solved by not allowing those suffering with amentia to marry. One of the principal objections against such a law would be the enormous increase in illegitimate children, and it would be almost impossible to regulate this unless the cases were segregated. At times feeble-mindedness may result from a perfectly healthy union of individuals in whom there has been no strain of amentia. This is due to some influence which occurred during the embryonic state of the child, and it would be impossible to control this class of marriages by law. While the restriction of the mentally defective from marriage would eliminate nearly all cases of feeble-mindedness, it is believed that the idea is rather Utopian than practical.

The removal of the reproductive glands from those with deficient mentality as a means of obliterating this condition is a subject which has called forth considerable discussion. In several States this is a law, but is has not been enforced to any extent. There are three methods of sterilization: first, the removal of the ovaries or testes; secondly, ligation of the vas deferens or fallopian tubes, and thirdly, roentgenization. All of these are efficient. Peters, of the Vineland Training School, advocates the last over the other two forms. He claims that the ovaries and testes are not only reproductive glands, but that they have also an internal secretion which is destroyed by castration and vasectomy. Also that the use of the roentgen ray does not involve any surgical procedure, causes very little destruction of tissue and that it is efficient. Sterilization has not

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comes from the average citizen, who does not give serious thought to the subject. He cannot understand why some mentally weak member of his under the control of a board of charities. Neither can he see the benefit to the State and posterity in expending large sums for maintaining institutions for such persons. In order that segregation may be successful, it should be under a State commission appointed for that purpose, this commission to have full jurisdiction in handling the cases and administering the affairs of the institutions. The State should provide proper buildings to be used for this purpose alone. It is true that the cost at first would be great, but the institutions basis. Then again the individuals under such account of death. Prof. E. R. Johnstone of the Vineland School has devised a practical plan for caring for these cases in New Jersey, which is as follows: (1) All feeble-minded children under the age of puberty should be sent to special classes in the public schools. During this time the parents bear all expenses. (2) In the large cities of the State a special institution should be established to care for those between the ages of 12 and 20. Here the expenses must be borne by the municipality, the parents contributing what they are able. (3) Those over 21 should be cared for at a State institution. (4) All idiotic cases should be sent to the State institution or the county almshouse. This plan could be carried out in any other State just as well as in New Jersey. To the writer, segregation seems the most practical solution of the problem, and is much more feasible than either sterilization or restriction of marriage.

A source of great increase among the mental defectives of this country is from immigration. During 1912 there were 216,141 babies born in

in fact, it has been shown that she is twice as try. The present immigration law is inadequate for a sufficiently thorough examination of all immigrants. The cost involving such an examination would doubtless be large, but the saving in rejection of the unfit would more than compen- Many of the States would no doubt be more than willing to provide for such means in order to decrease the vast sums they are spending to support the alien mental defective. The exclusion of this class is of great importance to society, and should receive attention from the legislators. Segregation and rejection of all aliens unfit is the ideal method of elimination in this country.

Insanity and feeble-mindedness are frequently used as synonymous terms, while, as a matter of fact, they are entirely different. Tredgold, the eminent English authority, defines amentia as "a state of mental defect from birth or from an early age, due to incomplete cerebral development, in consequence of which the person affected is unable to perform his duties as a member of society in the position of life to which he was born." The condition is classified as follows:

2. Imbecile: High, medium and low grade.

It must be understood that there is no distinct line of demarcation between these various divisions, as one may frequently run into the other. The imbecile and idiot do not present any great difficulties in recognizing them, but such is not true with the moron. The latter class, especially the high-grade moron, frequently pass detection unless observed and examined thoroughly, inasmuch as they resemble the normal individual very closely. The mental defective lacks the self-respect, the conscience and the will power of the normal. He is weak-willed, and of an irresponsible type, usually friendly, and when under careful supervision will do well, but when left to his own resources is a constant menace to himself and others. In the hands of the unscrupulous he is at their mercy, and is easily led into anything. Suggestion acts as an impetus for the consummation of an act. While all criminal acts

are not committed by the mental defective, they are responsible for a large number of them. Decreased resistance to disease is practically the rule with this class of cases. Dr. M. G. Schlapp, director of the Clearing House for Mental Defectives, in speaking of this condition, says: "Practically without exception there is in every case a history of incorrigibility, misery and waywardness, extending sometimes over 10 or 15 years."

Feeble-mindedness is of especial interest to the medical officer, as such individuals frequently apply for admission into a military service. This can be readily understood on account of the gradually increasing mental standard in society which is necessary for personal maintenance. Persons with amentia are unable to enter into such a competition, and as the status of efficiency in the different walks of life is gradually raised, so also will the number applying for entrance into the service be increased. However, entry into such a service does not offer a safe haven, as their trials are increased and their offenses numerous. A military service is not a reformatory, neither is it an institution for the protection of the feeble-minded. Among those applying for enlistment are a large number of young men who have never been away from home influences, and consequently when they are admitted into the service are for the first time thrown upon their own resources. It is rather pathetic for one with this condition to have gained entrance into the service; the restraining influences of home having been removed, he cannot protect himself from the unscrupulous. Then again such persons are unable to accustom themselves to their environment, which is frequently changing. They have very little regard for discipline, not realizing that such a thing is absolutely necessary for an efficient military organization. From their comrades they receive considerable ridicule, and as a result are greatly depressed. They are easily irritated, misinterpret orders, and are very intolerant to alcohol. The latter is especially seen in the young recruit who is easily led by his older associates. From the economic standpoint, as well as efficiency, no service desires such persons. They are a continual source of annoyance to their superiors, cannot be trusted in performing duties where any ordinary ability is to be used, and are absolutely misfits.

It was formerly believed that the basis of crime was due to faulty environment. Consequently measures were taken to correct this condition as far as possible, but there was not sufficient decrease when it was accomplished to justify the above assertion. Now we are tending toward the idea that there is some mental defect in the vast majority of criminals, and this is being borne out by examinations made upon offenders before the criminal courts. Among this class are found a large number of feeble-minded. These examinations are in the form of mental tests; they are not puzzles, but conducted along scientific lines, and will demonstrate the class under consideration, no matter where found. The Binet-Simon scale has had many revisions since first reported, in order to meet the different environments of those examined. After being on duty for two months at the naval disciplinary barracks, Port Royal, S. C., the writer decided to make an investigation of the men confined there to ascertain the number of mental defectives. For this purpose a modification of the Binet scale as proposed by A. R. Schier, acting assistant surgeon, United States Navy, was used. These tests were completed early in 1914, when 7 were found unfit out of 100 examined. The following observations were also made: Those failing had attended school, on the average, for five years; they had only been in the naval service a little over four months when they committed the offenses for which they were being punished; the average age was 24 years, and their service records showed they were constantly in trouble. Another series of tests has just been completed at the same barracks; they were selected with a view of not eliminating capable men. It is said by some that the Binet method demonstrates lack of education rather than deficient intellect, and consequently by its use many desirable men would be rejected. This is not true, as tests are being used at the present time to detect feeble-mindedness among illiterates. It is a recognized fact that an individual who has received an education is much more qualified to perform various labors than one who has not had such advantages. In the ordinary walks of life some education is necessary, and why should not this be true in a military service? Efficiency is the watchword, and surely this can be obtained better with men of education than with illiterates. Some educational standard should be adopted which can be incorporated in the tests for amentia. The applicant for enlist-

[illegible] others depend upon attention, imagination, judgment, memory and reasoning. The following is [illegible]

[illegible]

[illegible] tention are demonstrated in this test. It is passed if one repetition is correct and not counted as a mistake if the order is reversed.

[illegible] to compose and write a sentence containing these three words: "Man," "River," "Boat."

The ability to write and construct sentences is shown in this test, and it is easy for the mental defective, unless he is an illiterate. Passed if he writes a sentence containing one idea.

3 [illegible]

Justice.	Honesty.	Charity.
Revenge.	Goodness.	

The applicant is asked what he understands by the above words, and if three correct answers are given the test is passed.

4. *Drawing from memory.*—The individual is told that a card will be shown him upon which there is a drawing; he must look at it well, as he is expected to make a similar one on paper from memory. The design which is seen in figure 1 is displayed for 10 seconds, and he is told to reproduce one like it. The test is considered satisfactory if one of the figures is drawn correctly and the other about half. This problem is one of visual memory.

5 [illegible]

[illegible]	(1)	18 and 17
	(2)	[illegible]
	(3)	14 and 53.
Subtract:	(1)	8 from 33.
	(2)	17 from 66.
	(3)	23 from 97.
Multiply:	(1)	4 times 8.
	(2)	7 times 6.
	(3)	8 times 9.

[illegible] cant's ability to do simple figuring. It is a test of education rather than one of deficient intellect, and is passed if [illegible] of the nine trials.

[illegible] a form board 10x22 inches in area and 1½ inches in thickness, as is seen in figure 2. The pieces are 1 inch thick and fit into sockets which are one-half inch deep, projecting one-half inch out [illegible] when the applicant enters. He is told that they [illegible] exactly, and that he must place them as rapidly as possible. This brings out relationship [illegible] The normal subject does this test [illegible] taken it is not passed.

7 [illegible]

(*a*) John Smith had three brothers. Henry, James and himself.

[illegible] killed herself.

[illegible] miles to the United States naval station. If you cannot read this sign, ask the sentry at the gate [illegible] the station, who will tell you the distance.

[illegible] last car of railroad trains, this could be remedied by leaving off the last car.

[illegible] The above is a difficult task for [illegible] minded. It is passed if there is [illegible] out of the four trials.

8. *The ink[illegible]* [illegible] seen in figure 3 are shown the applicant, and he is asked what the different ones resemble. They do not represent anything in particular, but are designed to draw upon the imagination, which is poor in these cases. This is a hard test for them, but any sensible reply is considered satisfactory. It is passed if [illegible] of the six answers are correct.

9. [illegible] a frame with a wooden back, the blocks fitting easily into it. The blocks should not be in the frame when the applicant first sees it, and he should do the test several times in order to exclude the possibility of accident when placing the blocks. The test should be explained and the applicant told to put the blocks in the frame as rapidly as possible. It is passed if they are in

their correct position within one minute. This is a difficult problem for the feeble-minded. His ability to profit by previous errors and powers of reasoning are shown in this demonstration.

10. *Counting from 1 to 20 and backwards from 20 to 1.*—Counting backwards may be accomplished by subtraction from the preceding number, reverse association, and by learning numbers backwards. The first two processes involve considerable mentality, while memory is shown in the latter. If the individual fails, but can be taught, it differentiates ignorance from amentia.

11. *Imaginary situation.*—(*a*) Suppose there was a fire in the second story of a house and you had time to make one trip upstairs. Upon reaching there the only articles found in the nearest room were a typewriter and a mattress. One must be thrown from the window and the other carried downstairs. Which one will you carry down?

(*b*) Two men are shipwrecked several hundred miles from land. They saved 40 pounds of bread and 40 pounds of gold. The boat is small and they are obliged to throw either the bread or the gold overboard in order to keep the boat from sinking. Which would you keep in the boat?

(*c*) A railroad switch one mile from the station has been accidentally left open. The express which does not stop at this station will arrive in three minutes. What would you do under these circumstances?

Under such circumstances even normal individuals may become excited and do unexpected things. However, this test will give an idea how the applicant would act, and is passed if there is only one incorrect answer.

12. *Syllogisms.*

(*a*) If you were going to sweep the stairs, where would you commence?

(*b*) I am taller than my father, my father is taller than my brother. Who is the tallest?

(*c*) Two men are shipwrecked in midocean in a small boat. They managed to secure some provisions and two buckets of fresh water before leaving the ship. One bucket of water was used the first day. On the morning of the second day one of the men's clothing caught on fire while he was smoking. What would you have done if you had been his companion?

The above are read to the applicant, and an answer is required. Reasoning and constructive imagination are poor in feeble-mindedness. This is passed if two correct answers are given.

The 12 tests were tried on 130 men, and of this number 12 were found deficient. All worked hard and seemed to be especially anxious to give a correct answer to the questions asked. The following table shows how long each individual attended school:

1 year	3
2 years	8
3 years	6
4 years	12
5 years	14
6 years	22
7 years	20
8 years	19
9 years	3
10 years	7
Through high school	11
In school for 30 days	1
Never attended school	4

It must be remembered that when a large number of men are examined at one time the various problems are told the others by those examined. They discuss the answers of the different problems and also have time to prepare for them. It is believed that this happened in the present examination. When possible the tests were changed from time to time, in order that the individual would not have the benefit of any outside preparation. The number of successes in each is seen in the table below:

Test.	Normals.	Feeble minded.
1	108	7
2	118	11
3	108	8
4	94	2
5	102	3
6	117	11
7	102	2
8	111	10
9	90	2
10	118	10
11	114	7
12	107	7
	1,289	80
Average number of successes	10.9	6.6

From the above it will be seen that the average number of tests passed by the normal were 10.9, while the feeble-minded were only successful in 6.6. None of the normals failed in more than three problems. Upon this result is was decided that for one to be considered normal he should pass 9 out of the 12. Dr. Yerkes of the Boston Psychopathic Hospital has recently worked out a

the scoring of successes and failures.

No.		Age.		Family history.	
					1 minor offense; deck court; desertion.
					1 minor offense; desertion.
				do.	4 minor offenses; desertion.
					1 minor offense; desertion.
				do.	2 summary courts-martial; desertion.
			7 years.	do.	do.
					Desertion.
			9 years.		
					Deck court; 2 summary courts-martial; desertion.
	Laborer.				Deck court; 2 summary courts-martial; desertion.

The average age in the above table is 23 years and the average number of years in school is 4.7. One individual had never been to school, but failed only in one of an educational nature, which was computation. All of the 12 were born in the United States, and the charges for which they were sent to the disciplinary barracks were desertions. How long each individual was in the naval service previous to deserting is seen from the following:

	Months.
No. 8	10
No. 25	8
No. 46	17
No. 49	1
No. 50	11
No. 64	8
No. 70	16
No. 98	13
No. 100	1
No. 107	6
No. 108	7
No. 112	7

As the young recruit with amentia is unable to accustom himself to his new environment, his troubles commence early, and, as would be natural to expect, he deserts. The average time in the service of each before deserting was 9 months. When asked, "Why did you desert?" the answers were as follows: No. 8, "Better opening on the outside"; No. 25, "Overleave"; No. 46, "Family conditions"; No. 49, "Dissatisfied"; No. 50, "Overleave"; No. 64, "Overleave"; No. 70, "Overleave"; No. 98, "Dissatisfied"; No. 100, "Dissatisfied"; No. 108, "Dissatisfied"; No. 112, "Overleave."

It is believed that the mental defective is below the normal in physical development. The 12 defectives were examined on the points enumerated below, and the average was as follows:

Height	inches	67.3
Weight	pounds	149
Chest measurement	inches	36
Chest expansion	"	2.5
Temperature		97.2
Pulse (sitting)		79
Pulse (standing)		90
Respiration		20

Taking the average of 221,810 Americans as reported by the Actuarial Society of America in 1912 as a standard, the above men fall 1.2 inches below the average American in height. The men were well nourished, which is due to the proper food and exercise they receive. The temperature was found to be subnormal, with an accelerated pulse and slight increase in respiration. Physical defects which would reject an individual at the recruiting station were not looked for in this examination.

The writer has frequently wondered why men desert, and as a matter of interest every individual of the 130 examined was asked after the tests were concluded: "What was the specification for which you were sent here?" If desertion was the reply, then he was asked, "Why did you desert?" In Table No. 1 are seen charges other than desertion, while Table No. 2 shows desertions with replies and number opposite.

Table No. 1.

Allowing prisoner to escape	1
Conduct prejudicial to good order and discipline	1
Disobedience of orders	2
Drunk on duty	3
Fraudulent enlistment	5
Resisting arrest and assault	2
Refusing duty	1
Using profane and abusive language	1
	16

Table No. 2.

Better opening on outside	2
Dissatisfied	14
Drunkenness	9
Family conditions	9
Hard work	3
Homesick	4
Nagging by shipmates	1
Overleave	72
	114

It will be seen that all but 16 were charged with desertion. The average age of the 130 men was 23 years, and the average time in the service before committing the offenses which sent them to the disciplinary barracks was 24 months. Overleave is given as the reason of deserting by 72. Upon inquiry it was ascertained from these that they had gone ashore on liberty, had no idea of deserting upon leaving their station or ship, but simply remained over leave. Knowing they would receive punishment of some kind for the offense, they prolonged their stay from day to day and finally decided to desert. It is rather remarkable that men should take this view of the situation, yet 72 have acknowledged this to be true. Under "dissatisfied" are classed the individuals who did not like the service for various reasons. Nine men gave drunkenness as the reason for overstaying their liberty and deserting. Three claimed that they could not stand the hard work in the service, and four others were frank enough to admit that homesickness was the cause of their leaving on their own initiative.

As the proper place to eliminate the physical unfit from the service is at the recruiting station, so also is it the proper place to dispose of the mental defective. The recruiting officer does not have the opportunity to observe and study the individual presenting himself for enlistment for any length of time. After examining him physically he must decide whether he will accept or reject him. Then, again, time is frequently an important factor, as a large number of men may be waiting for examination. It is believed that the problem of eliminating this condition may be solved by a modification of the Binet tests, which can be so formed as to reject only the undesirables.

PAROVARIAN CYSTS WITH REPORT OF A CASE.

By W. H. Toulson, M.D.

Tumors of the ovary are very common, and cystic tumors are the most common form. Olshausen found only 137 solid tumors of the ovary in a series of 1388 examined. Cysts of the parovarium are not quite so common; compared with cyst of the oophoron and paroophoron they form about 10 per cent. and usually come to operation before attaining any great size. There are perhaps many cases larger, as in the present case, but the largest cyst of the parovarium reported is by Bland of Philadelphia, a case containing 20 liters of fluid. These cysts are usually seen in young adults between the ages of 20 and 35. There are none reported in patients under 16.

These cysts are situated in the broad ligament in the parovarium, which is a structure consisting of eight or ten fine tubules running vertically to the axis of the ovary and entering the paroophoron; their ends, remote from the ovary, are joined by a horizontal tube, which is parallel with its long axis; the parovarian cysts develop out of the vertical tubes, though Doran asserts that they develop in the broad ligament independent of the parovarium. These tumors are sessile and are often multilocular. It is also interesting to note that these cysts, like cysts of the ovary, are liable to axial rotation and complete detachment.

The fluid contained in these cysts is clear and limpid, Sp. Gr. about 1010, sterile, and when extravasated into the peritoneum does no harm. In the case cited it is reasonable to suppose that the discolored fluid found in the larger sac was caused by rhexis, the second sac in this case presenting the clear fluid..

Patient, L. C., aged 37, was referred by Dr. B. and admitted to the service of Dr. A. M. Shipley.

abdomen was "swelling," the enlargement taking place very gradually and without pain or discomfort, until [illegible] when [illegible] activity took place and the abdomen became large that the patient was unable to [illegible] feet for any length of time without severe backache. The patient felt that she was pregnant and imagined foetal movements, and on this account sent for her physician. Patient complained on admission of soreness around the waist and at umbilicus. The menstrual history is [illegible] for two normal pregnancies. No urinary disturbances.

Physical examination. Patient is [illegible] emaciated. General condition good, skin and m. m. good color, development good. Head, neck and chest examination negative. The abdomen was large and pendulous, skin over abdomen only slightly tense, veins prominent and large. Measurement at level of umbilicus—105 c. m., costal angle wide, and costal border pushed out by tumor mass. A distinct movable cystic tumor could be palpated extending out of the pelvis, high up into the abdomen, displacing the stomach and transverse colon upward. A sucussion wave could be easily elicited, the fluid seeming to strike a membrane before continuing to the abdominal wall. Liver dullness was obscured and the other abdominal viscera could not be outlined.

Pelvic. External genitals normal, cervix felt in normal position, the fornices were bulging with a tense cystic mass palpable through the vaginal wall.

Operation. Right rectus incision—a cystic tumor was discovered filling the abdominal cavity, not adherent to the peritoneum. The cyst was sacculated, having two compartments not communicating, one superimposed above the other. Sixteen liters of dark, discolored fluid were withdrawn from the lower sac and five liters of clear, limpid fluid from the sac above. There was no free fluid in the peritoneum. The sac was very thick and was not attached except at its base, which spread out for a distance of about 12 c. m. from the broad ligament into the cul-de-sac of Douglas. The sac was enucliated and its base excised without difficulty. The internal genera- [illegible] organs [illegible] as could be ascertained. The ureters were abnormally displaced [illegible] anteriorly.

The annual oyster roast of the alumni [illegible] of the University of Maryland and Physicians and Surgeons was held at Schlippe's Pickle Factory, Ridgely near Cross street, on the evening of December 6, 1915.

This oyster roast has been an annual custom of the College of Physicians and Surgeons portion of our faculty for several years, and is an occasion always looked forward to with pleasure, as the committee not only serves up an excellent menu, but it brings into intimate social contact the various members of the faculty, and generates a spirit which is helpful to the institution, and at the same time affords an evening of relaxation and enjoyment to many of our busy faculty.

A large representation from the Physicians and Surgeons' portion of our faculty was present, but it was a universal regret that more of the University of Maryland contingent did not grace the occasion by their presence. However, the committee feels that the half-dozen of the latter representatives will serve as active emissaries in causing a much greater attendance at the next meeting by reciting the fineness of the repast and the excellent opportunity for relaxation and enjoyment.

The menu consisted of oysters, ordered direct from Tangier Sound, served in most every fashion, pigtails and sauerkraut, beer direct from the keg, and for the more temperate and fastidious soft drinks and real coffee.

Entertainment was offered by the singing of the Schnitzelbank, in which all heartily joined, but special mention should be made of the lustiness with which Dr. Edgar B. Friedenwald sang his part. The Salamander was also sung under the able direction of Dr. C. E. Brack. The feature of the entertainment was the excellent rendition by Dr. C. E. Brack of the Chariot Race, on a piano which was well ripe with age. The force with which Dr. Brack hammered his theme was much commented upon by all those present.

The committee consisted of Drs. W. W. Requardt, C. E. Brack and A. C. Rytina.

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Editor . . . . . NATHAN WINSLOW, M.D.

BALTIMORE, JANUARY 15, 1916.

1916
NEW-YEAR'S GREETINGS.

To our students, to our alumni of the University of Maryland, the Baltimore Medical College and the College of Physicians and Surgeons, and to our friends everywhere we extend a cordial New-Year's greeting. The year that has just been added to the long line of those that have preceded it in the history of the Medical School of the University of Maryland has been a momentous one to us in many ways. We have lost valuable and beloved colleagues in the faculty and in the board of instruction, and with sorrow we note their absence at this time. Other members of the faculty have been obliged to discontinue their activities for a period on account of illness, and some of them are still incapacitated. We especially extend our greetings to our distinguished and venerated colleague, Professor Ashby, who has been confined to the house for some time, and we hope that he may soon be rid of his ailment and be able to resume the useful tenor of his life. Amongst the events of the year that are of especial importance and that are the occasion of much satisfaction is the long-talked-of merger with the College of Physicians and Surgeons of this city. By the successive mergers that have taken place we have succeeded in forming one strong school, with a large and active corps of teachers, ample laboratory accommodations and equipment, and clinical facilities probably unsurpassed in this country. Many improvements have been made in almost every direction; in the physical condition of the buildings, in the administrative office and staff, in the hospitals under our care and in the utilization of our large facilities. We believe we have one of the best equipped schools in this country, and we are bending our energies toward making it a still better and more useful institution. The increased admission requirements have diminished our freshmen and sophomore classes, and it is probable that some years will elapse before an equilibrium is again established. In view of these changed conditions, we must have financial assistance either from the State or from our friends, and we should be pleased to receive it from both. In extending our greetings and felicitations to our alumni and other friends we ask them to continue an active interest in the school; we solicit contributions to our permanent funds, for endowed chairs or other definite purposes, such as scholarships, endowed beds in the hospital or for the library.

Of one and all we request constructive criticism and friendly co-operation.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

The following subscriptions to this fund have been received since our last issue:

Wilmer Brinton	$25 00
Gordon Wilson	20 00
Julius Friedenwald	25 00
Wm. B. Perry	10 00
Fred Rankin	10 00
C. R. Edwards	10 00
Saml. W. Moore, D.D.S.	10 00
Maj. Roger Brooke, Ft. Leavenworth	10 00
Louis M. Chargin, New York City	5 00
Total.	$125 00

ITEMS

Ft. Leavenworth, Kans., December 16.

The Registrar,
University of Maryland,
Baltimore, Md.:

Dear Sir—Having observed in the BULLETIN that funds for a David Streett Memorial Scholarship are being contributed, and desiring to participate in the promotion of a worthy plan, I enclose my check to your order for the sum of $10.

Very respectfully,

ROGER BROOKE,
Major Medical Corps, U. S. Army.

letter from Dr. Charles E. Gilman, B. M. C., Class of '96:

"45 Bay State Road,
Boston, Mass. December [illegible]

"Prof. Thomas A. Ashby,
"Baltimore Md.:

"My Dear Professor Ashby—At our meeting last night resolutions were presented and adopted upon the death of Professor Streett.

"We resolved to send a copy to the bereaved family, to the Faculty of Physic, and the Board of Regents of the University of Maryland, and to The Hospital Bulletin. The matter of sending a copy to two of the most influential Baltimore daily newspapers was brought up, and although opposing the idea, at my suggestion we decided to secure your advice upon that matter. I have the copies under process of being typewritten, and will send them along as soon as possible.

"May I trouble you to send me the address of Dr. Streett's widow.

"We had a very interesting meeting, and quite a few P. and S. graduates were with us. Our constitution is now changed so that all B. M. C., U. of M. and P. and S. men are eligible for membership, and we look forward to having a large and strong New England Alumni Association.

"With kindest personal regards, I am,

"Sincerely yours,

"C. S. GILMAN."

The officers of the New England Alumni Association of the University of Maryland School of Medicine and College of Physicians and Surgeons are as follows:

President—Dr. A. Lawrence Miner, Bellows Falls, Vt.

Vice-President—Dr. William T. Councilman, 78 Bay State road, Boston, Mass.

Secretary—Dr. Charles S. Gilman, 45 Bay State road, Boston, Mass.

Treasurer—Dr. A. K. Worcester, 82 Lincoln street, Worcester, Mass.

Vice-Presidents—Maine, Dr. L. E. Willard, [illegible]; New Hampshire, [illegible] ton; Vermont, Dr. Frank C. Angell, Randolph; Massachusetts, Dr. Charles E. Harris, Hyannis; Rhode Island, Dr. Charles B. O'Rourke, Providence; Connecticut, Dr. Francis Downing, Moosup.

[illegible] *sity of Maryland School of Medicine, held in Boston* [illegible] *the death of Prof. David Streett:*

Prof. David Streett, the ideal physician, the cultured gentleman and scholar, the benefactor of humanity has made the world richer by his life and his death has freshened in our minds the memory of those characteristics which were so well exemplified to us both as teacher and friend.

He was made Professor of the Practice of Medicine in the Baltimore Medical College in 1885, and was one of the most active of the faculty of that college. It was while acting as Dean of the Baltimore Medical College that he became endeared to every student of that college. Knowing them all by name, their faults as well as their good qualities, and with the art of a true diplomat excusing the former and encouraging the latter. He was always willing to assist any student who asked his aid, and many of us today owe our present position to his words of kindly advice as well as to his excellent lectures.

His work among the people of Baltimore was of the type that stamped him a true disciple of Hippocrates. Not alone among the rich, but in the same kindly spirit toward the poor that he exhibited to the student at the Medical School, did he make his mark as a physician.

His genial bearing, buoyant spirits and able treatment will make many people of Baltimore mourn his loss as we do in far-away New England.

When the alliance of the Baltimore Medical College with the University of Maryland School of Medicine was brought about he was one of the most active in looking after the interests of the Alumni, and his visits to us, giving the details of that alliance and the many benefits to come from it, are among our most pleasant remembrances.

The fine ethical qualities which Professor Streett displayed toward his brother practitioners during the 37 years of his medical work made him loved by his coworkers. He always acted

with strict consideration for the rights of others and with entire honesty toward his patients. It could not have been otherwise, for he possessed the qualities of head and heart that are so essential to the fulfillment of such honorable traits.

Professor Streett was a man of decided opinions, always adhering to that which he though was right, kindly disposed, agreeable to meet, either as a physician or as a man, and absolutely true to his friends.

Our sympathy goes out to his bereaved family, who will feel his loss greatest of all. The city of Baltimore will miss him. The University of Maryland School of Medicine will find it difficult to fill his place and the Alumni of the old Baltimore Medical College will feel that they have lost the most valued tie which connected them with their Alma Mater.

The New England Alumni of the University of Maryland School of Medicine extend to the family of the late Professor Streett their sincere sympathy and feel that he has found a resting place in that Temple not made with hands which is eternal in the heavens.

Be it Resolved, That this testimonial be inscribed on the records of our Association, and that a copy be sent to the family of Professor Streett, the Faculty of Physic and the Board of Regents of the University of Maryland and to THE HOSPITAL BULLETIN.

WALTER H. STURGIS, B. M. C., '04,
EDWARD C. CONROY, B. M. C., '97,
CHARLES S. GILMAN, B. M. C., '96,
Committee for the Association.

The January examinations of the Board of Medical Examiners of Maryland will be held January 17-27, inclusive, in the building occupied by the College of Physicians and Surgeons, Calvert and Saratoga streets.

Dr. George Mortimer Snook, College of Physicians and Surgeons, class of 1893, is located at Parma, New York.

Dr. William H. David, class of 1902, is located at 67 Hansom place, Brooklyn, N. Y.

We are glad to learn that Miss Betty Butts, University Hospital Training School for Nurses, class of 1913, who was operated on at the hospital recently, is getting along so nicely.

Dr. Simon W. Hill, class of 1901, is located at Regent, North Dakota.

The University of Maryland will ask the 1916 Legislature to grant a substantial annual appropriation. The institution has received no money from the State in recent years, except the grants to the hospital and St. John's College, the Department of Arts and Sciences. Since the recent consolidation of the University with the College of Physicians and Surgeons there has been greater need for funds, and although the Legislature appropriated $15,000 for the school in 1915, and a like sum in 1916, the money is said not to have been paid to the institution.

Dr. Charles F. Nolan, class of 1890, who was recently operated on at the Union Protestant Infirmary, has recovered and resumed his practice.

Dr. Louis A. Buie, class of 1915, has resigned his position of resident at the University Hospital and accepted the position of resident at Kernan's Hospital.

On his way home for the Christmas holidays Dr. Edwin P. Kolb, class of 1912, stopped at the University Hospital and saw a number of old friends. Dr. Kolb is located in the Adirondacks in the neighborhood of the sanitarium.

Miss Alva M. Williams, University Hospital Training School for Nurses, class of 1911, who was with her patient on the steamer Tivoli, en route to Crisfield, when it was burned on the Chesapeake Bay some time ago, has been confined to her home at the Hampton Court Apartments since the accident. Miss Williams' patient died from exhaustion, and both were taken from the water by a motor boat and taken on board the City of Baltimore. She says if she had been unable to swim she would have been drowned, and the experience she encountered she will never forget.

On the evening of December 14 the Alumnae Association of the University Hospital Training School for Nurses held a dance at Lehmann's Hall. A special car conveyed the members of the training school to the hall. About 300 persons were present. Miss Laura Chapline, class of 1900, was chairman of the committee on ar-

Chirurgical Library on the afternoon of December 18 [illegible] report of a special committee was presented and freely discussed, the chief topic being "Compulsory registration."

Dr. Smith, superintendent of Johns Hopkins Hospital, gave a very interesting talk, giving his ideas of registration, stating in part that he considered that [illegible] necessary as that of physicians. Judge Harlan [illegible] gave a [illegible] on the subject.

The association is aiming to procure a State Inspector of Training Schools and compulsory registration for nurses in Maryland.

We are glad to learn that Dr. Salvatore De[illegible] was operated on recently at the University Hospital [illegible] recovery.

At the last meeting of the American College of Surgeons, which was held October 29, 1915, the following graduates from the combined medical school of the University of Maryland were admitted as Fellows:

Drs. Edgar C. Ballenger, [illegible] 1901, of Atlanta, Ga.

Andrew J. Crowell, U. of M., class of 1893, of Charlotte, N. C.

Howard E. Ashbury, U. of M., class of 1903.

Charles F. Blake, U. of M., class of 1905.

[illegible]

Francis J. Kirby, U. of M., class of 1892.

G. Milton Linthicum, P. and S., class of 1893.

[illegible]

Frank S. Lynn, U. of M., class of 1907.

Samuel K. Merrick, U. of M., class of 1872.

Wm. B. Perry, B. M. C., class of 1880.

Anton G. Rytina, U. of M., class of 1905, all of Baltimore, Md.

[illegible] for a trip through the West. He will visit the [illegible]

We are glad to learn that Dr. Thomas [illegible] proving.

Dr. R. Gerard Willse, class of 1909, who has been on a hunting trip on Eastern Shore, has re[illegible]

The [illegible] conducted by Dr. Samuel J. Fort, professor of materia medica and pharmacology, was completely demol[illegible] fire Christmas night. Owing to muddy roads and lack of water, the fire department was unable to reach and fight the fire. Fortunately there were no patients in the sanatorium, as it is used only in the summer. The fire is supposed to have been started by tramps who sought shelter in the house.

The sanatorium was formerly the home of the late Hugh Gelston, who was at one time the owner of a large block of land in that neighborhood, and is owned by his son, the present Hugh Gelston. The building was of the Colonial style of architecture, was more than 100 years old, and was one of the landmarks of the city. It was situated in what was at one time the central part of the Gelston estate.

Dr. Henry R. Carter, class of 1879, head of the United States Marine Hospital in Baltimore, who has been suffering with dengue fever in Porto Rico, where he went during October to stamp out an epidemic of this disease, is now out of danger and convalescing. It will be some time before he can make the voyage home.

Dr. Carter left here for Porto Rico October 13 to start a campaign against dengue fever, a malignant tropical disease, and he himself was stricken. He is regarded as the nation's greatest authority on yellow fever and other diseases communicated by the mosquito, but he fell a victim shortly after he landed there.

An interesting and largely attended meeting of the Baltimore County Medical Society was

held November 17 at the Rosewood State Training School at Owings Mills, Md.

The physicians were entertained at luncheon by Dr. Frank W. Keating, superintendent of the school, and later an inspection of the buildings was made under the guidance of Dr. Keating and his assistants.

An entertainment was given by the children and a concert by the school band. The doctors expressed themselves as much pleased with the manner in which the school was being conducted and complimented Dr. Keating and his staff. A rare case of Raynaud's disease was shown and the medical men had an opportunity of studying the different types of feeble-mindedness. There are 610 children at the school.

Following the meeting, clinics were held by Drs. Keating and Kenneth B. Jones, class of 1911, of Baltimore, Md. There were discussions by Drs. John R. Abercrombie, class of 1895, and Irving J. Spear, class of 1900.

At the annual meeting of the Baltimore City Medical Society, held in the rooms of the Medical and Chirurgical Faculty Building December 7, Dr. C. Hampson Jones, professor of hygiene and public health, and former Assistant Commissioner of Health of Baltimore city, was elected president. He succeeds Dr. Charles E. Sadler, class of 1873.

Other officers from our alumni were elected as follows: Secretary, Dr. Emil Novak, B. M. C., class of 1904; treasurer, Dr. Wm. S. Gardner, P. and S., class of 1885; censor, Dr. Andrew C. Gillis, P. and S., class of 1904; member of the honor committee, Dr. A. M. Shipley, class of 1902; delegates to the State Medical Society, Drs. Harry Friedenwald, P. and S., class of 1886, and Standish McCleary, P. and S., class of 1890.

After the election of officers there was a symposium on "Intestinal Obstruction," in which Drs. Alexius McGlannan, P. and S., class of 1895, and Dr. A. C. Harrison, class of 1887, took part.

The regular monthly meeting of the Medical Society of the University of Maryland and College of Physicians and Surgeons was held Tuesday, December 14, at 8.30 P. M. in the amphitheater of the College of Physicians and Surgeons. Dr. Henry H. Hazen, Washington, D. C., delivered an interesting lecture on "X-ray in the Treatment of Skin Diseases," accompanied with lantern pictures; Dr. Julius Friedenwald, on "Early Diagnosis of Cancer of the Stomach," and Dr. T. Caspar Gilchrist, on "Early Diagnosis of Cancer of the Skin," also accompanied with lantern pictures. The meeting was most interesting and instructive.

Dr. Jose L. Hirsh, class of 1895, formerly of 1819 Linden avenue, announces the removal of his residence and offices to 2360 Eutaw Place. Office hours: 2 to 4 P. M., and by appointment. Telephone, Madison 1513. His practice is limited to pediatrics.

Dr. Robert L. Blake, B. M. C., class of 1905, of 637 Columbia avenue, has been appointed assistant physician in the tuberculosis dispensary work by his father, Health Commissioner John D. Blake, a new position just created.

Dr. Louis M. Pastor, class of 1906, is located at 4 Broad street, Bangor, Maine.

Dr. R. W. Crawford, class of 1906, is chief surgeon to the Relief Department of the Atlantic Coast Line Railroad Co. He is located in Wilmington, N. C.

Miss Martha B. Michael, University Hospital Training School for Nurses, class of 1893, who was operated on at the hospital some days ago, is making a nice convalescence.

Miss Lillian Blake, University Hospital Training School for Nurses, class of 1912, had a tonsilectomy performed at the hospital on the 18th of December. She has entirely recovered.

Dr. Kivy Pearlstine, class of 1906, of 72 Wentworth street, Charleston, S. C., writes us that he enjoys reading the various articles by the different men and never misses the "items." He also wishes THE BULLETIN and the University continued success.

Miss Lucy Lilly, University Hospital Training School for Nurses, class of 1912, superintendent

Southwest and the Grand Canyon"; the second, "California and the Exposition"; the third, "Our National Parks—Yosemite, Yellowstone, Glacier," and the fourth, "The Atlantic Seaboard." The photographs were taken by Dr. Reik during his recent trip through the western part of this country, and showed the wonderful beauties of nature as they really are. Colored photography is a new thing, being but three or four years old. A few years ago the worker had to depend on his memory or imagination to color his lantern slides; now he is able to produce natural color pictures which accurately and truthfully portray all the varying tints and shades of nature. We congratulate Dr. Reik on his interesting and instructive lectures.

Drs. Preston Boggs, class of 1896, of Franklin, W. Va., and Charles H. Keesor, class of 1911, of Wheeling, W. Va., paid a recent visit to the university. They joined the General Alumni Association.

Dr. John D. Fiske, class of 1875, of 611 St. Paul street, fell while boarding the steamship Manhattan at Canton recently, sustaining painful injuries.

The Pasteur Institute at Mercy Hospital (a department of the University of Maryland) is to be discontinued after the patients now under treatment are discharged. In the future the Federal Government will take up the work of the institute. Patients desiring treatment will have to go to New York, Philadelphia or Washington until the Government makes arrangement with the local health department for the distribution of the serum used in the treatment of hydrophobia. This decision was made on account of the recent reduction in the number of patients, the lack of work, the excess of expenses over income, and because the United States Public Health Service furnishes to reputable physicians, free of charge, [illegible] phobia have been treated in the hospital since the institution became associated with it. Dr. Nathaniel G. Keirle, director of the institute, who has been in charge of the work for the past 20 years, will continue as professor of medical jurisprudence at the university.

Dr. [illegible], class of [illegible], the mayor of the city of Fulton, N. Y.

BIRTHS

Recently, to Dr. Wilbur M. Scott, class of 1912, and Mrs. Scott of Devereaux, Ga., a daughter. Mrs. Scott was formerly Miss Vera Wright, University Hospital Training School for Nurses, class of 1909.

To Mr. and Mrs. Hyde Hopkins of Baltimore, Md., December 17, 1915, a daughter. Mrs. Hopkins was formerly Miss Lillie Booker Carter, University Hospital Training School for Nurses, class of 1909.

MARRIAGES

Dr. Harry Aloysius Bishop, class of 1912, of Washington, D. C., to Miss Roberta Carson Morgan Jones of Fort H. G. Wright, New York, at Fort H. G. Wright, Wednesday, October 6, 1915. Dr. and Mrs. Bishop will be at home after December 1 at 1430 Rhode Island avenue, Washington, D. C.

Dr David Silberman, class of 1912, to Miss Jennie Merowitz, both of Baltimore, at Baltimore, January 4, 1916. After a wedding trip spent in the North Dr. and Mrs. Silberman will reside at 1729 Linden avenue.

DEATHS

Mrs. Arthur E. Ewens, wife of Dr. Arthur E. Ewens, class of 1904, of Atlantic City, N. J., died at her home on Kentucky and Pacific avenues, Atlantic City, N. J., December 27, 1915, aged 24 years. THE HOSPITAL BULLETIN, on behalf of its readers, extends to Dr. Ewens its sincere sympathy.

Dr. Philip R. Hengst, Physicians and Surgeons, class of 1883, of Waco, Tex., died suddenly at 522 N. Broadway, Baltimore, from apoplexy, December 13, 1915, aged 59 years. Dr. Hengst was one of the most prominent physicians in Texas, and his death came as a distinct shock to his many friends and patients.

Dr. James Walter Baird, Physicians and Surgeons, class of 1874, of Surry county, Virginia, died at his home near Waverly, Va., November 30, 1915, from the effects of a gunshot wound of the head believed to have been self-inflicted while suffering from depression due to ill-health, aged 65 years. Dr. Baird was formerly a member of the Medical Society of Virginia.

Dr. Albert Augustus Lindabury, B. M. C., class of 1886, Hahnemann Medical College, Philadelphia, 1890, of Scranton, Pa., died in the Scranton State Hospital, November 22, 1915, from diabetes, aged 53 years.

Dr. Josiah Lee McComas, class of 1858, pioneer physician of Oakland, Md., died from infirmities of age at the home of his son, Dr. Henry Wheeler McComas, class of 1888, in Oakland, Monday, December 20, 1915, aged 80 years.

Dr. McComas was the son of Lee and Sarah (Millias) McComas, having been born in Baltimore, where he acquired his early education in the public schools and graduated from the high school, after which he attended Newton University.

In 1853 he entered upon the study of medicine under the supervision of Prof. J. R. W. Dunbar, M.D., of Baltimore, and later completed the course of the medical department of the University of Maryland, graduating with the degree of M.D. in 1858. Subsequent to his graduation he was appointed resident physician to the Baltimore city and county almshouse, where he remained until 1859, and then was compelled to resign on account of ill-health. He then removed to Oakland and established himself in the general practice of his profession. In 1861 he offered his services to the United States Government and was appointed an assistant surgeon of the army, being assigned to duty at Oakland, where he was given charge of the Fort hospital. The following year he was transferred to the charge of the hospital at New Creek, W. Va., where he remained until the fall of 1862, and then returned to his former post at Oakland, continuing there until the close of the war. In 1861 he was ordered by General Fremont to take charge of the United States stores at Oakland and to guard the same with his convalescent sick, martial law existing there at that time.

On the conclusion of hostilities Dr. McComas resumed his interrupted practice, in which he continued until a few years ago. He attained national prominence in his profession and was recognized as an authority on many subjects pertaining to his calling, notably diseases of children. He was a gentleman of high culture and had traveled extensively in the United States and foreign lands. The popularity of Oakland and Deer Park as health resorts is due in a great measure to his wide range of practice, many of his patients having found here a speedy climatic cure for their ailments. He was a member of the Medical and Chirurgical Faculty of Maryland, the American Medical Association, the New York State Medical Society, the Tri-State Medical Society, and numerous other organizations of a like nature. He was also one of the vice-presidents of the World's Congress of Medico-Climatologists and a member of the American Public Health Association. At the first Pan-American Congress he represented the Medical and Chirurgical Faculty of Maryland, and he was a member of the Ninth International Medical Congress. He was also a graduate of the School of Design of Maryland Institute of Baltimore. In 1858 he married Ellen M., daughter of Major Matthew Wheeler, a merchant of New York city. Three children were born of their union, two of whom are living, Dr. Henry Wheeler and J. Lee, Jr., now a resident of New York.

In the early days of Dr. McComas' practice in Garrett county he endured many hardships, riding great distances through storms to answer the calls of the sick and distressed. He possessed to a full measure the commendable spirit of charity, and practiced it every day of his long and useful life.

His funeral took place at 10.30 o'clock December 23 from St. Paul's M. E. Church in Oakland. The bell which tolled his funeral was presented the church by the deceased many years ago.

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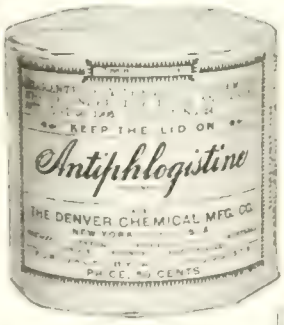

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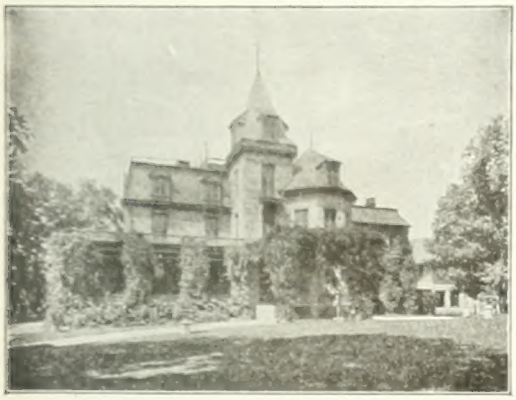

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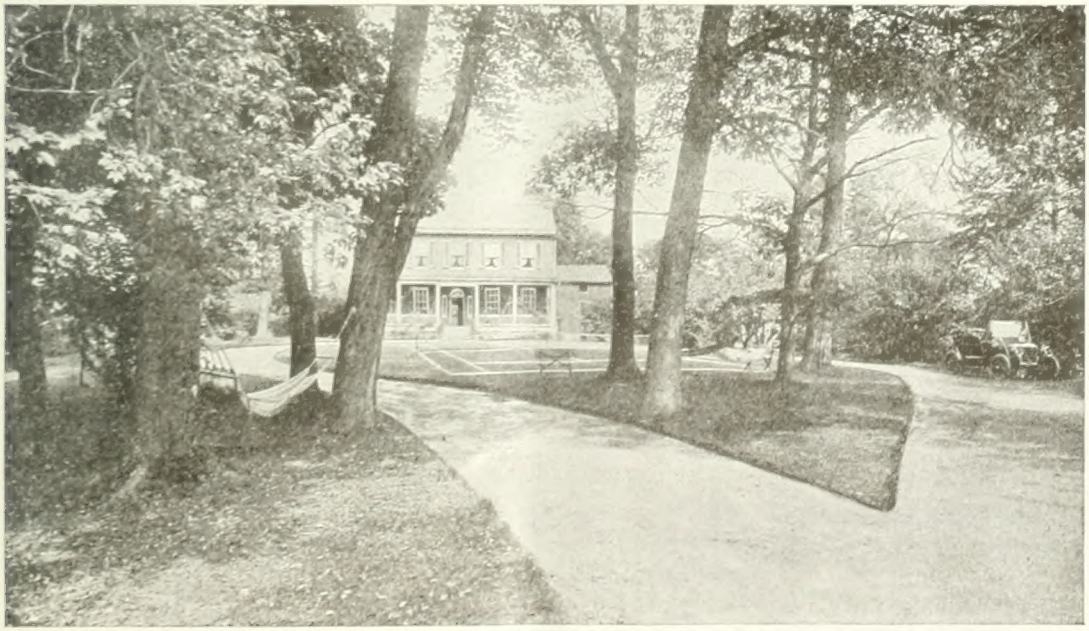

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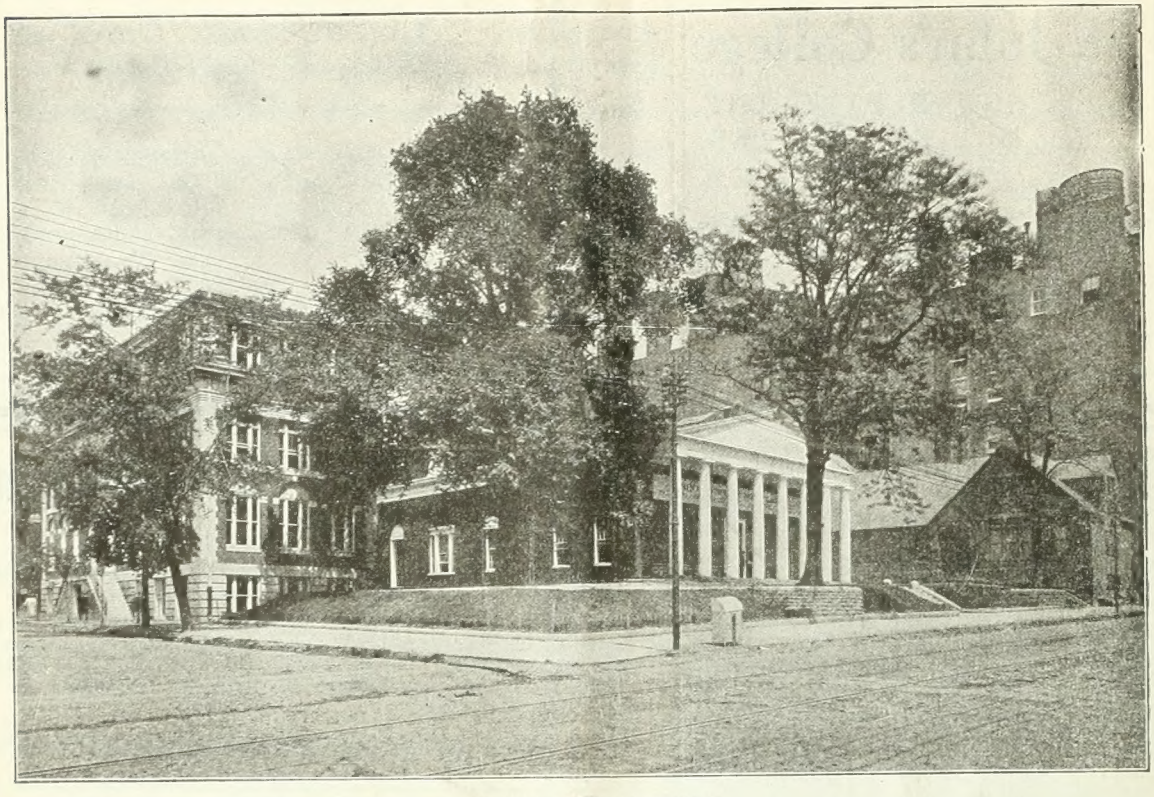

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